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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/201,621 05/03/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 8	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

20686

## TITLE

EXERCISE DEVICE WITH BODY EXTENSION MECHANISM

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